

NONPUBLIC SCHOOL FAMILY SURVEY

Find your family size and the gross income level listed beside it on the chart printed below.

**NUTRITION SERVICES
INCOME ELIGIBILITY GUIDELINES
JULY 1, 2014 – JUNE 30, 2015**

Household Size	Free Meals					Reduced Price Meals				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	15,171	1,265	633	584	292	21,590	1,800	900	831	416
2	20,449	1,705	853	787	394	29,101	2,426	1,213	1,129	560
3	25,727	2,144	1,072	990	495	36,612	3,051	1,526	1,409	705
4	31,005	2,584	1,292	1,193	597	44,123	3,677	1,839	1,698	849
5	36,283	3,024	1,512	1,396	698	51,634	4,303	2,152	1,986	993
6	41,561	3,464	1,732	1,599	800	59,145	4,929	2,465	2,275	1,138
7	46,839	3,904	1,952	1,802	901	66,656	5,555	2,778	2,564	1,282
8	52,117	4,344	2,172	2,005	1,003	74,167	6,181	3,091	2,853	1,427
For each additional family member add:	5,278	440	220	203	102	7,511	626	313	289	145

If households report multiple frequencies of pay, total income must be calculated on an annual basis. Use the following conversions: Annual Income Conversion: Weekly X 52; Every 2 Weeks X 26; Twice a Month X 24; Monthly X 12

Is your annual income less than the amount listed for the number of persons in your family?
 YES
 NO

If you answered YES to the question above, please fill in the information below and return this form to the school office by _____.

Address of Family (name not necessary)

Names of the public schools (if known) your children would attend if they were not attending this school:

	<u>Grade</u>	<u>Public School</u>
Child #1	_____	_____
Child #2	_____	_____
Child #3	_____	_____
Child #4	_____	_____
Child #5	_____	_____

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